



STATE
OF
GEORGIA

Application for RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

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1. Application Date 10/27/77	INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE	
2. Agency Application No. 1		Date Received NOV 23 1977	Application No. 77-388
3. AGENCY, Division, Subdivision & Administering Office Address Office of Comptroller General, Insurance Department Claims and Investigation Division 232 State Capitol Building		4. Person to Contact C. B. McCrory	Date Completed JAN 9 1978
		5. Working Title Deputy Ins. Comm.	6. Tel. No. 656-2108

7. ACTION REQUESTED
☒ ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE.
☐ DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.

AMENDED App. No. 29 Approved 11/15/71.

8. Earliest & Latest R.C. Dates of Series 1948-68 1969-to date	9. Exact Series Title Insurance Complaint and Investigation Files
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10. What is the function of the office in which this record series is created?
Investigate claims on behalf of Georgia policyholders to insure all valid claims are paid. Handle consumer complaints and request for assistance. Order and hold administrative hearings. Issue orders to suspend or revoke licenses and levy fines. To provide a consumer education program for consumers under jurisdiction for Georgia insurance, Industrial loan and Safety Fire Commissioner.

11. Documents relating to: investigating complaints brought against insurance companies by citizens.

Included are: letters of complaint from citizens, correspondence from investigator to the insurance company and to complainant; and reports and other documents relative to the investigation.

File is arranged: numerically by case number.

ATTACH SAMPLES OF THE FILE

12. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records
Letter-size File Drawers				4	60
Legal-size File Drawers			Floor Space Occupied (Square Feet)	15	15
Shelf Filing	8	120		This Year's	Last Year's
			AVERAGE DAILY REFERENCES	300	10
				Preceding Year's	All Prior Years
					less than 1

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

YES NO

13. Is this the Record Copy of the series? FVA ☒ []
14. Is there a duplication of this series in another office or agency? ☐ [] ☒ [x]
15. Is the information contained in this series ever summarized or published? ☐ [] ☒ [x]
Attach copy of summary or publication.
16. Does the series contain classified information requiring security handling? ☒ [x] ☐ []
17. Does the series initiate, amend or terminate agency policies and procedures? Ga. Code 40-2703 ☐ [] ☒ [x]
18. Could the function be performed if the files were lost or destroyed? ☐ [] ☒ [x]
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ [] ☒ [x]
20. Does the record series provide data as input to an EDP file? ☐ [] ☒ [x]
21. Does the record series contain documentation produced as EDP printout? ☐ [] ☒ [x]
22. Has the Federal Government issued instructions governing the retention/disposition of these files? ☐ [] ☒ [x]
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ [] ☐ []

24. REQUIREMENTS. The following requires the files to be kept 4 years:

- a. ☐ [] STATE LAW b. ☐ [] STATUTE OF LIMITATION c. ☐ [] AUDIT PERIOD d. ☐ [] FEDERAL LAW e. ☒ [x] ADMINISTRATIVE DECISION f. ☐ [] HISTORICAL VALUE
(Cite Law, Statute, or other reason for the retention requirement)

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☒ [x] CALENDAR YEAR ☐ [] FISCAL YEAR ☐ [] OTHER _____, then:

- ☒ [x] Hold in the current files area _____ month(s)/ 1 year(s):
- ☒ [x] Transfer to ☒ [x] State Records Center ☐ [] Local Holding Area; hold 3 year(s):
- ☒ [x] Destroy.
- ☐ [] Transfer to State Archives for permanent retention.
- ☐ [] Destroy immediately after cut-off.
- ☐ [] Other: (Specify)

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>Fred Anderson</i>	10/27/77		
26. Recommendations in paragraph 25 are:	Agency Head/Designee	<i>Johnnie L. Caldwell</i>	10/27/77
	<input checked="" type="checkbox"/> [x] Approved <input type="checkbox"/> [] Disapproved	<i>Ann Smith</i>	1-9-78
	State Auditor/Designee		
	<input checked="" type="checkbox"/> [x] Approved <input type="checkbox"/> [] Disapproved	<i>Carroll Hart</i>	Jan. 5, 1978
	Secretary of State/Designee		
	<input checked="" type="checkbox"/> [x] Approved <input type="checkbox"/> [] Disapproved	<i>W. D. Hill</i>	1-9-78
	Attorney General/Designee		
	<input checked="" type="checkbox"/> [x] Approved <input type="checkbox"/> [] Disapproved		

STATE RECORDS
COMMITTEE